



An Electronic Compendium of Resources for Building Oral Health Coalitions

Providing access to full-text articles and books, abstracts, and citations





Introduction

While about 44 million Americans lack medical insurance, about 108 million lack dental insurance. Only 60 percent of baby boomers receive dental insurance through their employers, while most older workers lose their dental insurance at retirement. Meanwhile, uninsured children are 2.5 times less likely to receive dental care than insured children, and children from families without dental insurance are three times as likely to have dental needs compared to their insured peers.¹

David Satcher, MD, PhD, Assistant Secretary for Health and Surgeon General
[Remarks at the Release of *Oral Health in America: A Report of the Surgeon General*](#)

DentaQuest Foundation created this Compendium to serve professionals building community-based coalitions dedicated to improving oral health. It is one of several initiatives currently under way that respond to the [National Call To Action To Promote Oral Health](#).² The Call to Action,³ issued in 2003, came three years after the Surgeon General's landmark report, [Oral Health in America](#),⁴ which described oral disease as a "silent epidemic" afflicting the most vulnerable people in our nation.

The *Call to Action* recommended five action steps, urging public agencies and private groups to respond collaboratively, and requesting healthcare organizations to contribute expertise and resources:

1. *Change perceptions of oral health*
2. *Overcome barriers by replicating effective programs and proven efforts*
3. *Build the science base and accelerate science transfer*
4. *Increase oral health workforce diversity, capacity, flexibility*
5. *Increase collaborations*

The report underscored the fact that "*Implementation strategies to enhance partnering are key to all strategies in the Call To Action.*" (See Introduction Sidebar.) Partnership strategies to improve oral health have been steadily increasing in number as a result. The Association of State and Territorial Dental Directors reported the following progress as of 2008⁵:

- Private and public sectors are working together to create oral health coalitions in eight states (GA, IL, MA, MI, NV, NJ, OR, WA)
- Partnerships through commissions and task forces are developing in four states (CO, MA, DE, OH)
- Collaborations that focus on a specific aspect of oral health are functioning in five states (IL, MD, NJ, MN, AR).

Descriptions of these efforts and dozens of other action-oriented case studies drawn from multiple fields can be easily accessed through this Compendium.

The citations in this encyclopedic compilation link to free, full-text publications crossing the fields of communication, management practice, oral health, prevention, psychology, public health education, and public policy. Prominent among these resources are virtual public libraries covering all aspects of community-based coalition development. They are extensively annotated within this document and include (but are not limited to) the following:

- [Best Practice Approaches](#)⁶ published by the Association of State and Territorial Dental Directors (ASTDD)
- [Community How To Guides](#)⁷ published by the National Highway Traffic Safety Commission (NHTSA)
- [Community Roots for Oral Health: Guidelines for Successful Coalitions](#)⁸ published by the Washington State Department of Health (WSDOH)
- [The Community Toolbox](#)⁹ published by the Work Group for Community Health and Development at the University of Kansas

- [*Developing Effective Coalitions: An Eight Step Guide*](#)¹⁰ published by The Prevention Institute
- [*A Guide for Developing and Enhancing Community Oral Health Programs*](#)¹¹ published by the American Association for Community Dental Programs (AACDP)
- [*Healthy People 2010 Oral Health Toolkit*](#)¹² published by the National Institute of Dental and Craniofacial Research (NIDCR)

DentaQuest Foundation currently supports the development of oral health coalitions in Cape Cod, Lawrence, and Worthington, MA. The driving force is to help local communities come together to develop their own solutions to their problems. It is based on the belief that the more people are engaged in the planning process, the more empowered they will feel and the more likely they will be to effect change. This work facilitates access to dozens of evidence-based programs that support that proposition. We hope they provide the users of this manual many inspiring models to follow.

A National Call To Action To Promote Oral Health

Implementation strategies to enhance partnering are key to all strategies in the Call To Action. Successful partnering at all levels of society will require efforts to¹³:

- Invite patient advocacy groups to lead efforts in partnering for programs directed towards their constituencies.
- Strengthen the networking capacity of individuals and communities to address their oral health needs.
- Build and nurture broad-based coalitions that incorporate views and expertise of all stakeholders and that are tailored to specific populations, conditions, or programs.
- Strengthen collaborations among dental, medical, and public health communities for research, education, care delivery, and policy development.
- Develop partnerships that are community-based, cross-disciplinary, and culturally sensitive.
- Work with the Partnership Network and other coalitions to address the four actions previously described: change perceptions, overcome barriers, build a balanced science base, and increase oral health workforce diversity, capacity, and flexibility.
- Evaluate and report on the progress and outcomes of partnership efforts.
- Promote examples of state-based coalitions for others to use as model.

[U.S. Department of Health and Human Services](#)



Methodology

We developed the organizing principle for this document after reviewing a group of 348 citations for “Community Coalitions” on a PubMed search. After excluding citations that were not targeted enough to be relevant (e.g., “Coalition of executives to push healthcare reform”), 113 citations remained, which we segmented into four categories:

- Role of community coalitions (26)
- Best practices/How to build a coalition (9)
- Outcomes measurement (17)
- Case studies (61)

Additional PubMed searches of references associated with the 113 citations yielded seven additional sub-categories:

- Assessing needs & resources
- Establishing collaborations
- Communications and conflict
- Management and leadership
- Media outreach
- Planning and implementation
- Policy development and research

For the sake of simplicity, we organized the literature into three broad categories:

- I. Role of community coalitions**
- II. How to build a coalition**
- III. Case studies**

Within category II we created five broad subsets:

- II. How to build a coalition**
 - A. Best practices
 - B. Establishing collaborations
 - C. Leadership and management
 - D. Assessing needs and resources
 - E. Planning and implementation

We placed the four remaining subject areas under Planning and implementation:

- E. Planning and implementation
 1. Communications and conflict resolution
 2. Media outreach
 3. Policy development
 4. Selecting outcomes measurements.

In the Compendium, every hyperlink, both within the text and the Endnotes, links to free, full-text articles. Although the Bibliography features a far more exhaustive listing of material about coalition-building, in many instances the hyperlinks connect to abstracts or material offered for purchase only. The overall purpose of presenting resources in two formats—a resource-rich Compendium and a comprehensive Bibliography—is to allow a wide range of users as much flexibility as possible in finding information that suits their specific needs and interests.

Table of Contents



Introduction.....	2
I. The role of community-based coalitions in health promotion.....	6
II. How to build a successful coalition	7
A. Best practice guidelines.....	9
B. Establishing collaborations	11
C. Leadership and management	13
D. Assessment of needs and resources.....	14
E. Planning and implementation.....	17
1. Communications and conflict resolution.....	18
2. Media outreach	20
3. Policy development	22
4. Selecting outcomes measurements.....	24
III. Case studies of successful coalitions	26
IV. Endnotes	28
V. Bibliography	35



I. The role of community-based coalitions in health promotion

People who pool their resources and work together are generally more powerful and more able to advance their interests, than those who do not.¹⁴

[Brad Spangler, *Coalition Building*](#)
[University of Colorado, Conflict Information Consortium](#)

Community-based coalitions have successfully promoted oral health programs ranging from water fluoridation, dental sealants, and fluoride varnish to tobacco cessation, oral cancer prevention, and clinical treatment, to cite just a few examples. Efforts such as these, including field experiences and research studies, have contributed to a vast knowledge base that is thoroughly documented and accessible. The following resources link to free, full-text articles online that provide high-points summaries of the decision points, goals, and strategies associated with forming or joining a coalition:

1. Association of State and Territorial Dental Directors (ASTDD). [Attachment C: Toward a Comprehensive Understanding of Community Coalitions](#).¹⁵ Twenty-three Constructs and Propositions related to community coalition formation, structure, and processes.
2. University of Colorado at Boulder, [Conflict Information Consortium](#), [Beyond Intractability.org](#)¹⁶
 - [Coalition Building](#). Author Brad Spangler reviews the positives—and negatives—of coalition development in a 1300+ word online essay.
3. Washington State Department of Health. Washington State Oral Health Coalition (WSOHC)¹⁷
 - [Community Roots for Oral Health: Guidelines for Successful Coalitions](#). Examples from Washington State are offered throughout this 80-page comprehensive six step guide plus six appendices.
 - [Washington State Collaborative Oral Health Improvement Plan 2009-2014](#)

Links to full-length texts, abstracts, and citations that examine the role of community-based coalitions are cited in section I of the Bibliography. They include publications from: *Annual Review of Public Health*, *American Jewish Committee*, *American Journal of Community Psychology*, *American Journal of Preventive Medicine*, *Health Promotion International*, *Inquiry*, *Journal of Dental Education*, *Journal of Healthcare Management*, *Journal of Public Health Management and Practice*, *Organizational Ethics*, and *Public Health Reports*.

The role of community-based coalitions

*Alliance or partnership initiatives to promote health across sectors, across professional and lay boundaries and between public, private and nongovernment agencies, do work. They work in tackling the broader determinants of health and well-being in populations in a sustainable manner, as well as in promoting individual health-related behaviour change.*¹⁸

Pamela Gillies

[Effectiveness of alliances and partnerships for health promotion](#)



II. How to build a successful coalition

The probability of sustained engagement and effective programming increases when community participants are active partners in the process.¹⁹

Clinical and Translation Science Awards Consortium
Community Engagement Key Function Committee Task Force on the Principles of Community Engagement
[*Principles of Community Engagement Second Edition*](#)

In both a spiritual and practical sense, there is broad agreement about the fundamental processes associated with coalition building. The number and names of action steps may vary from one institution to the next, but the literature points up far more similarities than differences in methodology. Superb full-text publications are freely available online. The following resources systematically describe key learnings in the coalition-building process and how to adapt them:

1. [KU Work Group on Health Promotion and Community Development. *A Model Memorandum of Collaboration: A Proposal.*](#)²⁰ Dr Stephen Fawcett and members of his team at the University of Kansas studied more than 20 different community partnerships and determined that the following factors “facilitate the process of community change and improvement.”
 1. *Clear vision and mission*
 2. *Action planning*
 3. *Leadership*
 4. *Resources for community mobilizers*
 5. *Documentation and feedback on intermediate outcomes*
 6. *Technical assistance*
 7. *Making outcomes matter*
2. [American Association for Community Dental Programs. *A Guide for Developing and Enhancing Community Oral Health Programs*](#)²² follows these steps while emphasizing the importance of building on what has already been achieved:
 1. [*Mobilize community support*](#)
 2. [*Assess needs and existing resources*](#)
 3. [*Determine priorities and plan the program*](#)
 4. [*Implement the program*](#)
 5. [*Evaluate the program*](#)
 6. [*Participate in policy development and research*](#)
3. [Association of State and Territorial Dental Directors. *Assessing Oral Health: Seven-Step Model.*](#)²³
 - [*Step 1 - Identify partners and form advisory committee*](#)
 - [*Step 2 - Conduct self assessment to determine goals and resources*](#)
 - [*Step 3 - Plan needs assessment*](#)
 - [*Step 4 - Collect data*](#)
 - [*Step 5 - Organize and analyze data*](#)
 - [*Step 6 - Utilize data for program planning, advocacy, and education*](#)
 - [*Step 7 - Evaluate needs assessment*](#)

4. Centers for Disease Control / Division of Oral Health: [*Infrastructure Development Tools*](#).²⁴ The activity areas provide step-by-step highly detailed instruction, building and analysis tools:

Activity 1: [*Program Infrastructure—Staffing, Management, and Support*](#)

Activity 2: [*Data Collection and Surveillance*](#)

Activity 3: [*Strategic Planning—The State Oral Health Plan*](#)

Activity 4: [*Partnerships and Coalitions*](#)

Activity 5a: [*School-Based/School-Linked Dental Sealant Programs*](#)

Activity 5b: [*Coordinate Community Water Fluoridation Programs*](#)

Activity 6: [*Policy Development*](#)

Activity 7: [*Evaluation*](#)

Activity 8: [*Program Collaboration*](#)

Additional Resources include: [*Success Story Workbook*](#)

The remainder of this section addresses five broad issue areas noted below (i.e., these subjects accrued the largest number of interdisciplinary references) and four additional subtopics:

- A. Best practice guidelines
- B. Establishing collaborations
- C. Leadership and management
- D. Needs and resources
- E. Planning and implementation (also includes the following subsections)
 - 1. Communications and conflict resolution
 - 2. Media outreach
 - 3. Policy development
 - 4. Selecting outcomes measurements.

The Bibliography provides additional lists of online sources, books and journal abstracts.



A. Best practice guidelines

A Best Practice Approach is defined as a public health strategy that is supported by evidence for its impact and effectiveness. Evidence includes research, expert opinion, field lessons, and theoretical rationale.²⁵

[Best Practice Approach Report](#) [Association of State and Territorial Dental Directors \(ASTDD\)](#)

There are online publications that outline best practice approaches to coalition-building, provide state-by-state practice examples of community-based programs, and offer a remarkably wide range of “how to” templates and worksheets to guide their users. Here are thumbnail descriptions of five encyclopedic resources. Links to full-text documents are embedded within titles and subheads. Additional online resources, books, and papers about Best Practice approaches are listed in the Bibliography.

1. Association of State and Territorial Dental Directors (ASTDD). [State Oral Health Planning and Coalition Development](#).²⁶ This library includes but is not limited to the following best practices literature:
 - [State Oral Health Coalitions and Collaborative Partnerships](#). A comprehensive review of evidence supporting Best Practices for State Oral Health Coalitions and Collaborative Partnerships — available as a free 27-page PDF
 - [State and Community Best Practice Examples](#)
 - [State and Community Best Practice Approach Examples](#). Abbreviated state-by-state summaries of dental public health activities, practices, and evaluations of results
2. American Association for Community Dental Programs (AACDP). [A Guide for Developing and Enhancing Community Oral Health Programs](#).²⁷ The Guide walks readers through six steps.
 - A. [Mobilize Community Support](#)
 - B. [Assess Needs and Resources](#)
 - C. [Determine Priorities and Plan the Program](#)
 - D. [Implement the Program](#)
 - E. [Evaluate the Program](#)
 - F. [Participate in Policy Development and Research](#)
3. Prevention Institute. [Developing Effective Coalitions: An Eight Step Guide](#).²⁸ Although this paper is written for professionals involved in violence and injury prevention, the steps they describe are widely applicable:
 1. *Analyze the program’s objectives and determine whether to form a coalition.*
 2. *Recruit the right people.*
 3. *Devise a set of preliminary objectives and activities.*
 4. *Convene the coalition.*
 5. *Anticipate the necessary resources.*
 6. *Define elements of a successful coalition structure.*
 7. *Maintain coalition vitality.*
 8. *Make improvements through evaluation.*

4. Washington State Department of Health. [*Community Roots for Oral Health: Guidelines for Successful Coalitions*](#)²⁹ provides a comprehensive “roadmap” in six steps (with worksheets at the end of each step):
 - A. [*Setting the Stage*](#)
 - B. [*Forming an Oral Health Coalition*](#)
 - C. [*Building a Foundation for Action*](#)
 - D. [*Reviewing Systems and Oral Health Strategies*](#)
 - E. [*Developing an Oral Health Action Plan*](#)
 - F. [*Creating Lasting Solutions: Maintaining and Sustaining Success*](#)

5. Work Group for Community Health and Development, University of Kansas. [*The Community Tool Box \(CTB\)*](#).³⁰ CTB self-identifies as “the world’s largest resource for free information on essential skills for building healthy communities.” Its table of contents lists 46 chapters in 13 parts, all accessible on-site:
 1. *Models for promoting community health*
 2. *Community Assessments; Agenda Setting and Choice of Broad Strategies*
 3. *Promoting Interest and Participation in Initiatives*
 4. *Developing a Strategic Plan, Organizational Structure and Training System*
 5. *Leadership, Management and Group Facilitation*
 6. *Analyzing Community Problems and Designing and Adapting Community Interventions*
 7. *Implementing Promising Community Interventions*
 8. *Cultural Competence, Spirituality and Arts and Community Building*
 9. *Organizing for Effective Advocacy*
 10. *Evaluating Community Programs and Initiatives*
 11. *Maintaining Quality and Rewarding Accomplishments*
 12. *Generating, Managing and Sustaining Financial Resources*
 13. *Social Marketing and Institutionalization of the Initiative*



B. Establishing collaboration

Community organizing seeks to teach people, through experience, that they can be effective in a larger and larger sphere – their own block, their own neighborhood, their city, their state...³¹

[Community Organizing: People Power from the Grassroots](#)

David Beckwith with Christina Lopez

The literature on coalition-building scrupulously emphasizes the importance of establishing an atmosphere of trust based on mutual respect. It also pays meticulous attention to the how-to aspects of nurturing partnerships. Each of the five full-text documents referenced in this section addresses this dual focus by examining coalition building from relational / tactical standpoints. Additional online resources, books, and papers about establishing collaborations are listed in the Bibliography.

1. AHEC/Community Partners. [Coalition Building Tip Sheets](#).³² An insiders' perspective on what it takes to succeed.

- [Finding the Balance Between Community Organizing and Community Building – A Tip Sheet](#)
- [Coalition Building: Is This Really Empowerment?](#)
- [Principles of Coalition Success](#)
- [Coalition Membership](#)
- [Stages of Development in Community Coalitions](#)
- [What Coalitions Are Not](#)
- [Healthy Communities: One Vision of Civic Democracy](#)
- [Engaging the Grassroots in Healthy Communities Initiatives](#)
- [Money and Coalitions: Delights and Dilemmas](#)

2. Association of State and Territorial Dental Directors (ASTDD). [Attachment D: Factors influencing the success of collaboration](#).³³ Categories include:

1. Factors related to the environment
2. Factors related to membership characteristics
3. Factors related to process/structure
4. Factors related to communication
5. Factors related to purpose
6. Factors related to resources

3. Institute for Health and Aging, University California San Francisco. [Medicine and Public Health Partnerships: Predictors of Success](#).³⁴ The goal was “to assess the degree to which factors identified in the partnership literature are associated with partnership success. (They) tested the following hypothesis:

Partnerships that:

- emerge around a defined health problem (partnership formation);
- are composed of partners who have worked together successfully in the past (identification and recruitment of partners);
- have, on balance, more perceived benefits than barriers (perception of benefits and barriers);
- have effective leadership (leadership);
- have explicit partner expectations (governance); and
- have been established one year or more;

will have a higher likelihood of achieving the partnership's goals.”

4. Center for Community Change. [Community Organizing: People Power from the Grassroots](#) by Dave Beckwith, with Cristina Lopez. Each of the five chapters in this easy-to-read guide contains streetwise advice. Their *Ten Rules of Community Organizing* rings true:
 1. *Nobody's going to come to the meeting unless they've got a reason to come to the meeting.*
 2. *Nobody's going to come to a meeting unless they know about it.*
 3. *If an organization doesn't grow, it will die.*
 4. *Anyone can be a leader.*
 5. *The most important victory is the group itself.*
 6. *Sometimes winning is losing.*
 7. *Sometimes winning is winning.*
 8. *If you're not fighting for what you want, you don't want enough.*
 9. *Celebrate!*
 10. *Have fun*

5. [Little Black Book: Coalition Building](#)³⁵ by Rob Goodspeed, University of Michigan & Ted Lechterman, Harvard University. Case study by Gabe Pendas, University of Florida. Eds. Shauna Thomas and YP4 Staff. This is written for student organizers but the advice is universal and the authors present their material in a clear, compelling 32-page online guidebook that covers the following areas:

- *Coalition Whys and Whens*
- *Coalition Partners*
- *Creating a Coalition Structure*
- *Rules to Live By*
- *Sustaining the Coalition*
- *Case Study*

Appendices

1. *Sample Coalition Press Release*
2. *Sample Coalition Sign-On Letter*
3. *Sample Coalition Press Event*

Establishing collaborations

Many organizers ask individuals to leave their bias at the door. Avoid this temptation. It's more realistic to encourage them to bring their own perspectives in and to shape a coalition that responds to the needs and objectives of its members.³⁶

Larry Cohen, Nancy Baer and Pam Satterwhite

[Developing Effective Coalitions: An Eight Step Guide](#)

C. Leadership and management

Shared leadership, bridge-building skills, and insider status were consistently related to leadership effectiveness.³⁷

[Community coalition project directors: What makes them effective leaders?](#)
Journal of Public Health Management and Practice

In [Complexities of Coalition Building](#),³⁸ Mizrahi and Rosenthal discuss the results of a qualitative and quantitative research project that “studied coalition dynamics, operations, and outcomes,” and report that, “Competent leadership was the factor most often identified with coalition success.” The following resources help define the meaning—and role—of “competent leadership” within the coalition-building environment. Additional online resources, books, and journal abstracts are cited in the Bibliography.

1. The Community Tool Box. [Chapter 13. Orienting Ideas in Leadership](#).³⁹ Each section/link presents information in the following format: *Introduction, Examples, Related Topics, Tools & Checklists, PowerPoint presentation summary.*

- [Developing a Plan for Building Leadership](#)
- [Servant Leadership: Accepting and Maintaining the Call of Service](#)
- [Styles of Leadership](#)
- [Building Teams: Broadening the Base for Leadership](#)
- [Developing a Community Leadership Corps: A Model for Service-Learning](#)
- [Recognizing the Challenges of Leadership](#)
- [Encouraging Leadership Development Across the Life Span](#)
- [Ethical Leadership](#)
- [Collaborative Leadership](#)

2. [Forbes.com. Peter Drucker on Leadership](#).⁴⁰ The management guru at 95 years of age shares his insights about leadership in a brief magazine article that covers these topics:

- What needs to be done
- Check your performance
- Mission driven
- Creative abandonment
- The rise of the modern multinational
- 21st–Century organizations
- How to lead a 21st–Century organization
- Prisoner of your own organization
- How organizations fall down
- The transition from entrepreneur to large company CEO
- How capable leaders blow it
- The danger of charisma
- How to reinvigorate people
- Character development

Leadership

Successful leaders don't start out asking, "What do I want to do?" They ask, "What needs to be done?" Then they ask, "Of those things that would make a difference, which are right for me?" They don't tackle things they aren't good at. They make sure other necessities get done, but not by them.⁴¹

Peter Drucker

[Interview with Forbes.com](#)

D. Assessment of needs and resources

Viewing a community as a nearly endless list of problems and needs leads directly to the much lamented fragmentation of efforts to provide solutions.⁴²

John P. Kretzmann and John L. McKnight

[*Building Communities from the Inside Out: a Path toward Finding and Mobilizing a Community's Assets*](#)

In their book, Kretzman and McKnight, observe that “development must start from within the community and, in most of our urban neighborhoods, there is no other choice.” The articles cited here express common faith in a process that begins, as Kretzman and McKnight describe it, “with an inventory of the gifts, skills and capacities of the community's residents.” Additional online resources, books, and journal abstracts appear in the Bibliography.

1. Association of State and Territorial Dental Directors (ASTDD). [*Assessing Oral Health Needs: ASTDD Seven-Step Model*](#)⁴³ A guide that can be adapted to specific community resources and objectives.
 - [*Step 1*](#) - Identify partners and form advisory committee
 - [*Step 2*](#) - Conduct self assessment to determine goals and resources
 - [*Step 3*](#) - Plan needs assessment
 - [*Step 4*](#) - Collect data
 - [*Step 5*](#) - Organize and analyze data
 - [*Step 6*](#) - Utilize data for program planning, advocacy, and education
 - Prioritize issues and report findings
 - [*Step 7*](#) - Evaluate needs assessment
2. Centers for Disease Control. National Center for Chronic Disease Prevention and Health Promotion Oral Health Resources. [*Synopses of State and Territorial Dental Health Programs*](#).⁴⁴ Oral health summaries searchable by State, Program, Fluoridation, Directors, Trends.
3. Institute for Policy Research, Northwestern University, *Introduction to Building Communities from the Inside Out: a Path toward Finding and Mobilizing a Community's Assets*.⁴⁵ The Introduction covers the following areas:
 - *The Problem: Devastated Communities*
 - *Two Solutions, Two Paths*
 - *The Traditional Path—A Needs-Driven Dead End*
 - *Neighborhood Needs Map*
 - *The Alternative Path: Capacity-Focused Development*
 - *The Assets of a Community: Individuals, Associations, Institutions*
 - *Community Assets Map*
 - *An Alternative Community Development Path: Asset-Based, Internally Focused, Relationship Driven*
- 4a. National Institute of Dental and Craniofacial Research (NIDCR). [*Chapter 3: Setting Health Priorities, Establishing Oral Health Objectives and Obtaining Baseline Information*](#).⁴⁶ Covers the following topics:
 1. Ways to prioritize oral health issues
 2. Choosing target populations
 3. Criteria for developing objectives
 4. Examples of how states and communities developed objectives
 5. Examples of state oral health objectives
 6. Creating a needs assessment plan and obtaining baseline data
 7. Tips for setting target levels for objectives
 8. Considerations for evaluating data collection methods and data
 9. Resources for data and assistance

- 4b. National Institute of Dental and Craniofacial Research (NIDCR). [*Summary of Needs Assessment Methods*](#).⁴⁷ Presentation chart features methods, purpose, cost, time involved, and advantages.
5. Healthy People. [*State Healthy People: State Plans*](#).⁴⁸ 2010 Plan objectives and targets / searchable state-by-state.
6. The Community Tool Box, Part B. Community Assessment, Agenda Setting, and Choice. [*Chapter 3. Assessing Community Needs and Resources*](#)⁴⁹ covers the following sections, each of which links to content that is engaging to read and unequalled in its comprehensive scope:
 - [*Section 1. Developing a Plan for Identifying Local Needs and Resources*](#)
 - [*Section 2. Understanding and Describing the Community*](#)
 - [*Section 3. Conducting Public Forums and Listening Sessions*](#)
 - [*Section 4. Collecting Information About the Problem*](#)
 - [*Section 5. Analyzing Community Problems*](#)
 - [*Section 6. Conducting Focus Groups*](#)
 - [*Section 7. Conducting Needs Assessment Surveys*](#)
 - [*Section 8. Identifying Community Assets and Resources*](#)
 - [*Section 9. Developing Baseline Measures of Behavior*](#)
 - [*Section 10. Conducting Concerns Surveys*](#)
 - [*Section 11. Determining Service Utilization*](#)
 - [*Section 12. Conducting Interviews*](#)
 - [*Section 13. Conducting Surveys*](#)
 - [*Section 14. SWOT Analysis: Strengths, Weaknesses, Opportunities, and Threats*](#)
 - [*Section 15. Qualitative Methods to Assess Community Issues*](#)
 - [*Section 16. Geographic Information Systems: Tools for Community Mapping*](#)
 - [*Section 17. Leading a Community Dialogue on Building a Healthy Community*](#)
 - [*Section 18. Creating and Using Community Report Cards*](#)
 - [*Section 19. Using Public Records and Archival Data*](#)

Special note: Each of the sections listed above provides information in the following format:

- *Main Section - Introduction, what, why, when, who, and how.*
- *Examples - Real world situational examples.*
- *Related Topics - Hyperlinks to related chapters and sections.*
- *Tools & Checklists - A checklist that summarizes the major points contained in the section.*
- *PowerPoint - A PowerPoint presentation summarizing the major points in the section.*

Needs assessment

Tips⁵⁰

- Make the best use of your partners' time and interests.
- Learn what community members and key partners see as important oral health issues and why they feel they are important.
- Be clear about the criteria for determining priorities and establishing objectives; gain ownership for the process.
- Align priorities, objectives, and strategies with your state's or community's strengths, assets, barriers, and opportunities.
- Before collecting new data, determine what data already exist and if they are adequate to serve as baseline data.
- Use the many online data sources that are available.
- Set challenging yet realistic targets for objectives. Decide what intervals to use to track progress on objectives. Intervals may not be the same for all objectives.

— National Institute Dental and Craniofacial Research (NIDCR). [Chapter 3: Setting Health Priorities, Establishing Oral Health Objectives and Obtaining Baseline Information](#)

Needs assessment

It is essential to recognize the capacities, for example, of those who have been labeled mentally handicapped or disabled, or of those who are marginalized because they are too old, or too young, or too poor. In a community whose assets are being fully recognized and mobilized, these people too will be part of the action, not as clients or recipients of aid, but as full contributors to the community-building process.⁵¹

John P. Kretzmann and John L. McKnight

[Building communities from the inside out: a path toward finding and mobilizing a community's assets](#)



E. Planning and implementation

Have a clearly defined mission. Five times the rate of community change has been observed where there is a specific program, target or mission, as opposed to programs with scattered or ill-defined objectives.⁵²

Steve Fawcett, University of Kansas

[Empowering Community Health Initiatives Through Evaluation](#)

In their paper, [What explains community coalition effectiveness?](#),⁵³ Zakocs and Edwards report that “six coalition-building factors were found to be associated with indicators of effectiveness in five or more studies: formalization of rules/procedures, leadership style, member participation, membership diversity, agency collaboration, and group cohesion.” While they advise against relying too heavily upon this conclusion given the diversity of indicators, the online resources referenced in this section similarly categorize indicators of effectiveness into relatively few action steps. Additional online resources, books, and journal abstracts appear in the Bibliography.

1. Work Group for Community Health and Development. University of Kansas. [Chapter 8: Developing a Strategic Plan](#).⁵⁴ *Community Tool Box*. Practical advice includes real-life examples, checklists, and PowerPoint presentations to summarize each of the Sections identified below.
 - [Section 1. An Overview of Strategic Planning or "VMOSA" \(Vision, Mission, Objectives, Strategies, and Action Plans\)](#)
 - [Section 2. Proclaiming Your Dream: Developing Vision and Mission Statements](#)
 - [Section 3. Creating Objectives](#)
 - [Section 4. Developing Successful Strategies: Planning to Win](#)
 - [Section 5. Developing an Action Plan](#)
 - [Section 6. Obtaining Feedback from Constituents: What Changes are Important and Feasible?](#)
 - [Section 7. Identifying Action Steps in Bringing About Community and Systems Change](#)
 - [Sources and Other Resources](#)
2. National Institute of Dental and Craniofacial Research (NIDCR). Chapter 6: [Implementing Strategies, Managing and Sustaining the Process and Measuring Progress](#).⁵⁵ Covers:
 1. Resources for locating and evaluating best practices and strategies that work
 2. Suggestions for moving HP 2010 agendas forward
 3. Considerations for tracking and reporting progress
 4. Ways to sustain coalitions and HP 2010 activities.

Planning and implementation

*When selecting, implementing, and evaluating strategies, the following factors should be considered:*⁵⁶

- evidence of effectiveness in community-based programs
- appropriateness for each target audience (e.g., age, culture)
- cost-effectiveness
- sufficient human resources to implement them
- sufficient financial resources to implement them
- political will to make them happen
- criteria for documenting "progress"
- mechanisms available for tracking progress.

National Institute of Dental and Craniofacial Research (NIDCR)

[Education Resources, Chapter 6: Implementing Strategies, Managing and Sustaining the Process and Measuring Progress](#)

E.1 Communications and conflict resolution

...at some very deep level we are being educated by the mass media to fail in our relationships. For every movie about people making peace with one another, there seem to be a hundred movies about people hacking each other to death with chainsaws or literally kicking one another in the face, which are not actions that will help you or me solve problems at home or at the office.⁵⁷

Dennis Rivers

[The Seven Challenges Workbook: Cooperative Communication Skills for Success at Home and at Work](#)

The resources in this section are full of rich, practical guidance on active listening techniques, keeping meetings and discussions focused, managing parties' conflicting agenda and clarifying goals, to cite only a few examples. In a larger sense, these resources provide explicit instructions on how to balance the tensions that can undercut any communal undertaking. The Bibliography identifies additional online resources, books, and journal articles.

1. Ahc Community Partners. [Coalition Barriers and How To Overcome Them—Part 1](#); [Coalition Barriers and How To Overcome Them—Part 2](#).⁵⁸ Tom Wolff, an authority on coalition building, addresses the following barriers and recommends strategies to address them:

Part 1

Turf and Competition

Bad History

Failure to Act

Part 2

Dominance of Professionals

Lack of a Common Vision

Failure to Provide and Create Leadership

- 2a. University of Florida, IFAS Extension. [Building Coalitions: Coalition Facilitator Guide. Part 2, Handout 2-A](#).⁵⁹ How to "lay the groundwork for trust to grow as the coalition develops."

Factors Which Inhibit Coalitions

- *Competitiveness.*
- *Dominating rather than shared leadership that discourages group-decision making.*
- *Inflexibility in scheduling meetings and activities.*
- *Lack of understanding about how schools and community agencies operate.*
- *Hidden agenda for personal advancement.*
- *Cynicism about the advantage of information sharing.*
- *Time constraints and pressure to "push things through" without giving adequate time for discussion and to work through conflicts.*
- *More emphasis on talking than listening.*
- *Preferring to do things alone rather than spending time negotiating.*

- 2b. University of Florida, IFAS Extension. [Building Coalitions: Turf Issues. Part 14, Handout 14-G](#).⁶⁰ Topics addressed:

- *"Turfism"—What is it?*
- *Why Does It Happen?*
- *When Does It Happen?*
- *How To Avoid Turf Battles*
- *How to Solve a "Turf Battle"*

3. Human Development Books. [*The Seven Challenges Workbook: Cooperative Communication Skills for Success at Work*](#).⁶¹ Comprehensive and easy-to-read. The seven challenges are:
 1. *Listening more carefully*
 2. *Explaining your conversational intent and inviting consent*
 3. *Expressing yourself more clearly and completely*
 4. *Translating complaints and criticisms into requests*
 5. *Asking questions more “open-endedly” and creatively*
 6. *Expressing more appreciation*
 7. *Focus on learning*
4. University of Colorado, Conflict Research Consortium. [*Problem Solving and Self-Study. Using the system on your own*](#).⁶² “The constructive confrontation approach to intractable problems” clearly and simply organized into two categories.

Problem Categories

- [*Framing*](#)
- [*Scoping*](#)
- [*Communication*](#)
- [*Fact-Finding*](#)
- [*Procedural Issues*](#)
- [*Escalation*](#)
- [*Force*](#)
- [*Integrative System*](#)
- [*Exchange*](#)

Treatment Options

- [*Framing*](#)
- [*Scoping*](#)
- [*Communication*](#)
- [*Fact-Finding*](#)
- [*Procedural Issues*](#)
- [*Escalation*](#)
- [*Force*](#)
- [*Integrative System*](#)
- [*Exchange*](#)
- [*Combination Approaches*](#)

Communication

*Successful communication requires that the parties listen actively and carefully—asking questions and confirming interpretations to make sure they understand what the other person is meaning. People seldom work this hard at listening, however. Often in conflict situations, they hardly listen at all. Rather, while their opponent is talking, they are busy planning their own response. This frequently leads to misunderstandings.*⁶³

— [*Poor Listening Skills*](#), Conflict Research Consortium, University of Colorado

E.2 Media outreach

Who, What, Where, When, Why, and How. Every well-written press release incorporates the answers to these six questions, generally in the first paragraph (the lead).⁶⁴

Oral Health America

[Communications Guide for State Oral Health Programs](#)

To paraphrase Aristotle, a masterful communicator, a successful media strategy needs to target the right people in the media, at the right time, in the right way, with the right message. A successful media outreach program has the potential to educate the public about a problem that is “hiding in plain sight,” to increase empathy with a cause to attract additional support, and often times to bring pressure to bear on lawmakers. Many of the resources featured here assume a step-by-step “tool kit” approach to developing a media outreach plan: defining terms, providing templates to follow and, importantly, assisting users in implementing a strategy that serves their specific needs and situation.

1. Community Tool Box. [Ch. 34. Media Advocacy](#).⁶⁵
 - [Section 1. Working with the Media](#)
 - [Section 2. Making Friends with the Media](#)
 - [Section 3. Creating News Stories the Media Wants](#)
 - [Section 4. Using Paid Advertising](#)
 - [Section 5. Meeting the Media](#)
 - [Section 6. Changing the Media's Perspective on Community Issues](#)
2. IMPACTMAX. [Choosing a messenger for your message](#).⁶⁶ Cogent advice about messengers for the media as exemplified in the following statement: “Who people hear a message from has a lot to do with: 1) how well they listen, 2) whether they believe what’s said, and 3) whether they remember the message and act on it in some way.”
3. Michigan Coalition Against Domestic and Sexual Violence. [Working with the Media: A Toolkit for Service Providers](#).⁶⁷ A first-class education in media handling (in 20 pages), encompassing these topics:
 - [Why A Media Toolkit for Service Providers?](#)
 - [Why is Media Important?](#)
 - [Communication Planning: The Foundation for Working with the Media](#)
 - [Building Media Relationships](#)
 - [Responding to the Media](#)
 - [Approaching the Media](#)
 - [Considering Media Requests for Survivor Interviews](#)
 - [Media Interviews: Preparing Staff, Volunteers, and Survivors](#)
4. Oral Health America. [Communications Guide for State Oral Health Programs: Media Outreach Materials](#)⁶⁸
Step-by-step advice on assembling press materials:
 - [Press releases](#)
 - [Media alerts](#)
 - [Fact sheets](#)
 - [Talking points](#)
 - [Press kits](#)
 - [Press release templates and samples](#)

5. Physicians for Human Rights. [Using the Media to Promote Awareness and Action](#).⁶⁹ See PHR's concise, but comprehensive powerpoint, Public Relations 101, and their neatly written step-by-step summary of how to leverage the media:
 1. [The Press Advisory](#)
 2. [The Press Release](#)
 3. [Making Reporter Pitch Calls](#)
 4. [Letter to the Editor](#)

Media advocacy

Like other businesses, the media are here today because they can sell something to a consumer population. The media can't survive without steady customers (i.e., advertisers and the general public). Therefore, they have to publish what pleases their paying customers. When you consider stories that they might want, remember that. General interest means bread on the table for the newspaper industry, and they won't be interested unless they can find an angle to your story that will engage readers.⁷⁰

Contributed by Aimee Whitman Edited by Bill Berkowitz, Gillian Kaye, and Phil Rabinowitz, Community Toolbox, [Working with the media](#).



E.3 Policy development

*Audiences must be concerned about a problem before they become interested in developing policy solutions.*⁷¹

American Association Community Dental Programs (AACDP)
[A Guide for Developing and Enhancing Oral Health Programs](#)

In a practical sense, policy development is an art and science. It benefits from an insiders' understanding of the tools of government and how they work, a personal familiarity of the legislators responsible for operating them, and the knowledge of when and how to apply the kind of leverage that can generate positive change. The guides listed here cover all of these areas in considerable detail. Additional resources are listed in the Bibliography.

1. AACDP. [Participate in Policy Development and Research](#).⁷² This guide for developing and enhancing oral health programs also links to sites that outline protocols to develop and implement school-based programs. These include the [National Maternal and Child Oral Health Center](#)⁷³ online manual, Seal America, designed to assist health professionals in initiating and implementing a school-based dental sealant program.
2. The California Endowment. [Policy issues in dental work force diversity and community-based dental education](#)⁷⁴ It offers a broad examination of the mal-distribution of dentists; policy and constituency review and analysis of potential going-forward strategies.
3. PICO National Network. [How to influence policy and gain the attention of legislators](#).⁷⁵ Insights cover:
 - The "markup" of legislation by committee chairs is the most significant step in the congressional legislative process.
 - Contacts with people on both sides of the aisle are essential.
 - "Values trump data," but research can exert a critical influence on public policy.
 - State-level advocates need to understand the 1 percent of their government that is unique.
 - Developing a long-term relationship with state legislators is critical.

Advocacy: Demanding Change

Who has the power to make the change you want, and is most vulnerable to the kinds of pressure you can mount?

Who are your allies?

Who could be your active supporters?

*Who will actively oppose you?*⁷⁶

[Physicians for Human Rights Tools & Resources](#)

Physicians for Human Rights neatly describes the most important first step in planning meaningful policy change—developing a full understanding of the key target audiences / influencers in a prospective campaign.

1. [Power Mapping](#)
 - Step One: [Setting the Stage](#)
 - Step Two: [Identifying Targets](#)
2. [NSP National Actions](#)
3. [Engage Your Congressional Representatives](#)

Public policy

The AACDP *Guide for Developing and Enhancing Community Oral Health Programs* lists the following websites as sources for information on policy development.⁷⁷ [Please click this hyperlink to visit their website for additional background information on these organizations.](#)

- American Association for Community Dental Programs ([AACDP](#))
- American Association of Public Health Dentistry ([AAPHD](#))
- American Dental Association ([ADA](#))
- American Dental Education Association ([ADEA](#))
- Association of State and Territorial Dental Directors ([ASTDD](#))
- Centers for Disease Control Division of Oral Health Resources ([Division of Oral Health Resources](#))
- Children's Dental Health Project ([CDHP](#)) has developed a number of [reports focused on policy](#). These reports include the proceedings of two institutes specifically focused on working with policymakers on behalf of oral health: *Working with Policymakers to Improve Oral Health* and *Working with Policymakers to Advance Oral Health*.
- National Association of Counties ([NACO](#))
- National Conference of State Legislatures ([NCSL](#))
- National Maternal & Child Oral Health Resource Center ([Library](#))
- National Oral Health Policy Center ([NOHPC](#))
- Oral Health America ([OHA](#))
- [State Dental Associations](#). Contact information for state associations is also available at the [Health Guide USA](#)



E.4 Selecting outcomes measurements

The main question addressed in outcome evaluation is: *What has changed in the lives of individuals, families, organizations, or the community as a result of this initiative?*⁷⁸

Organizational Research Services

[Supplement: Selecting and Evaluating Outcomes for Oral Health Coalition Efforts](#)

Despite the fact that developing outcomes measurements is thought to be an intimidating process, there are numerous, clearly written step-by-step guides from leading authorities that provide assistance. The resources below include satisfaction surveys, descriptions of measurable indicators used in the recent past, and literature reviews that evaluate the effectiveness of various tools.

1. Centers for Disease Control (CDC). [Framework for Program Evaluation in Public Health](#).⁷⁹ Emphasizing “practical, ongoing evaluation strategies that involve all program stakeholders, not just evaluation experts.”
2. Group Health Community Foundation. [Center for Community Health and Evaluation. Improving Stakeholder Collaboration: A Special Report on the Evaluation of Community-Based Health Efforts](#).⁸⁰ Addressing 160 funders, evaluators, and community leaders in 500 communities with step-by-step explanations.
3. Harvard Family Research Project. [A User’s Guide to Advocacy Evaluation](#).⁸¹ In four detailed steps: Focusing, Mapping, Prioritizing, and Designing.
4. Health Education Research. [Evaluating community coalition characteristics and functioning: a summary of measurement tools](#).⁸² A comprehensive review of literature (Granner and Sharpe, 2004) covering the use of measurement tools that evaluate the effectiveness of community coalitions and partnerships.
5. Howard Samuels Center, Advancing Democracy in Communities. [Assessing Community Change: An Evaluation of the Ford Foundation’s Community Organizing Initiative](#).⁸³ A report based on a six-year-long evaluation of the Ford Fund for Community Organizing Initiative (FCO), conducted between January 2001 and May 2007. Outcomes measurements were based on the following measurable indicators:
 - *Strengthened organizational capacity measured by*
 - *increases in membership in the organization*
 - *increased funding*
 - *organizational leadership*
 - *Heightened prominence of community organizations in policy debates*
 - *representation of the organization in formal policy discussions*
 - *policy victories the number of issues an organization engaged in*
 - *media coverage of organization proposals*
 - *Greater networking activity*
 - *changes in the number of meetings across community organizations in a region*
 - *the establishment of formal or informal coalitions*
 - *Increased support for community organizing groups*
 - *changes in the type of grants secured (i.e., more regional and national funding)*
 - *the number of foundations funding community organizing in that site*
 - *the establishment of a funders collaborative*

6. [Organizational Research Services](#).⁸⁴ Supplement: *Selecting and Evaluating Outcomes for Oral Health Coalition Efforts* covers the following areas and provides case study examples, copies of community surveys, and an interview guide.
 - What is outcome evaluation?
 - Why engage in outcome evaluation?
 - Identifying outcomes to measure
 - Indicators: Making outcomes measurable
 - Data Collection Methods
 - Sampling
 - Putting it altogether: Creating an evaluation plan
 - Case examples and sample tools

7. University of Wisconsin-Cooperative Extension. [Evaluating Collaboratives: Reaching the Potential](#).⁸⁵ The authors describe it as “a compendium of ideas and research for you to think about and choose from as you help your collaborative reach its potential.” It covers these subject areas:
 - Section 1: The Evaluation Context
 - Section 2: The Collaborative Journey
 - Section 3: Evaluation Practice
 - Section 4: Evaluating Self Interest
 - Section 5: Evaluating Feasibility
 - Section 6: Evaluating Process
 - Section 7: Evaluating Outcomes
 - Section 8: Methods and Techniques

8. [W.K.Kellogg Foundation Evaluation Handbook](#).⁸⁶ The Blueprint: Action Steps for Grantees (table of contents listed below) is a broadly applicable guide to developing outcomes measurements.

Planning: Preparing for an Evaluation

1. Identifying Stakeholders and Establishing an Evaluation Team
2. Developing Evaluation Questions
3. Budgeting for an Evaluation
4. Selecting an Evaluator

Implementation: Designing and Conducting an Evaluation

5. Determining Data-Collection Methods
6. Collecting Data
7. Analyzing and Interpreting Data

Utilization: Communicating Findings and Utilizing Results

8. Communicating Findings and Insights
9. Utilizing the Process and Results of Evaluation

Selecting outcomes measurements

A tendency to focus on quick wins and short-term effects of programs may explain why some coalitions are not able to achieve systems and/or health outcomes change. Although measuring community-level or system changes (e.g., improving environmental quality or changing insurance coverage policies) is much more difficult than evaluating program outcomes, it is essential.⁸⁷

Frances D. Butterfoss, Vincent T. Francisco, PhD

[Evaluating Community Partnerships and Coalitions with Practitioners in Mind](#)



III. Case studies of successful coalitions

Successful coalitions use data to drive decision making, planning and improvement.⁸⁸

CADCA National Coalition Institute
[Coalition Resources: Research to Practice](#)

The first case study is from Rand Corporation; it incorporates a best practice process in addition to providing case study examples every step of the way. In a practical sense, it provides an opportunity for participants to prepare their own case study, so to speak, as they build an organization. The second case study highlights a community in Texas that created a school-based dental health program. During its nine-year history, their program “cut the rate of severe tooth decay (pain, swelling and infection) in local children from 16% to 8%.” Each of featured documents featured provides free, full-text online access.

1. Rand Corporation. [Getting To Outcomes™ 2004 Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation](#).⁸⁹ “This manual describes a community planning, implementation, and evaluation model—organized as ten accountability questions—to help your agency, school, or community coalition conduct needs assessments, select best practice programs that fit your community, and to effectively plan, implement, and evaluate those programs.” These are the questions as they appear in the manual:

The Ten Accountability Questions

- What are the underlying needs and conditions in the community? (**Needs/Resources**)
 - What are the goals, target populations, and objectives (i.e., desired outcomes)? (**Goals**)
 - Which evidence-based models and best practice programs can be useful in reaching the goals? (**Best Practice**)
 - What actions need to be taken so the selected program “fits” the community context? (**Fit**)
 - What organizational capacities are needed to implement the plan? (**Capacities**)
 - What is the plan for this program? (**Plan**)
 - How will the quality of program and/or initiative implementation be assessed? (**Process Evaluation**)
 - How well did the program work? (**Outcome Evaluation**)
 - How will continuous quality improvement strategies be incorporated? (**CQI**)
 - If the program is successful, how will it be sustained? (**Sustain**)
2. [School-based Dental Health Programs](#).⁹⁰ Pew Partnership for Civic Change. The authors’ suggestions encompass “designing, implementing, and evaluating a school-based program” to improve the health of disadvantaged children. Their planning rationale covers these steps:
 - Gather information
 - Get help.
 - Plan a legal strategy.
 - Resolve ethical issues.
 - Prepare both rational and emotional appeals for support.
 - Finance the program/service.
 - Recruit appropriate partners.
 - Identify who will be served.
 - Create a physical identity.
 - Hire staff and enlist volunteers.
 - Set up record-keeping and referral systems.
 - Establish and maintain community awareness and support.
 - Develop and implement a program/service evaluation plan.

Case Studies

Principles of Effective Prevention

Our experience is that coalitions and other groups (e.g., schools) are interested in implementing programs or initiatives shown to be effective through research. However, because these programs are expensive and have requirements that are difficult to obtain, they are not always implemented with fidelity. As a result, these groups develop their own programs or modify elements of existing evidence-based programs to meet their needs. While this practice is not necessarily bad, certain “rules” or principles must be considered when developing and/or adapting a program.⁹¹

Matthew Chinman, Pamela Imm, Abraham Wandersman

[Getting To Outcomes™ 2004 Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation](#)





IV. Endnotes

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